

NOTIFICATION OF PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4

1. Name (Last, First, Middle) (b) (6)		2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date (b) (6), (b) (6)	
FIRST ACTION				SECOND ACTION			
5-A. Code (b) (6)		5-B. Nature of Action (b) (6)		6-A. Code		6-B. Nature of Action	
5-C. Code (b) (6)		5-D. Legal Authority (b) (6)		6-C. Code		6-D. Legal Authority	
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority	
7. FROM: Position Title and Number (b) (6), (b) (2)				15. TO: Position Title and Number			
8. Pay Basis (b) (6)				16. Pay Plan			
				17. Occ. Code			
				18. Grade or Lvl			
				19. Step or Rate			
				20. Total Salary/Award			
				21. Pay Basis			
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay	
14. Name and Location of Position's Organization (b) (6), (b) (2)				22. Name and Location of Position's Organization (b) (6), (b) (2)			
EMPLOYEE DATA							
23. Veterans Preference (b) (6)				24. Tenure (b) (6)		25. Agency Use (b) (6)	
1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%				0-None 1-Permanent 2-Conditional 3-Indefinite		26. Veterans Preference for RIF (b) (6)	
27. (b) (6)				28. Assistant Indicator (b) (6), (b) (2)		29. Pay Rate Determinant (b) (6)	
30. Retirement Plan (b) (6)				31. Service Comp. Date (Leave) (b) (6), (b) (2)		32. Work Schedule (b) (6), (b) (2)	
						33. Part-Time Hours Per Biweekly Pay Period (b) (6)	
POSITION DATA							
34. Position Occupied (b) (6)				35. FLSA Category (b) (6)		36. Appropriation Code	
1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				E-Exempt N-Nonexempt		37. Bargaining Unit Status (b) (6)	
38. Duty Station Code (b) (6), (b) (2)				39. Duty Station (City-County-State or Overseas Location) (b) (6), (b) (2)			
40. Agency Data		41. (b) (6), (b) (2)		42.		43. (b) (6)	
						44. (b) (6)	
45. Remarks (b) (6), (b) (2) (b) (6), (b) (2) (b) (6), (b) (2) (b) (6), (b) (2)							
46. Employing Department or Agency Environmental Protection Agency				50. Signature/Authentication and Title of Approving Official (b) (6), (b) (2)			
47. Agency Code (b) (6), (b) (2)		48. Personnel Office ID (b) (6)		49. Approval Date (b) (6), (b) (2)			

REQUEST FOR PERSONNEL ACTION

PART A: Requesting Office (Also complete Part B items 1, 7, 22, 32, 33, 36 and 39)

1. Actions Requested Failure to convert from Federal Career Internship to Career Appointment. 5 C.F.R. section 213.3202(o); Executive Order 13162 (2000)	2. Request Number (b) (6), (b) (2)
3. For Additional Information Call (Name and Telephone Number) (b) (6), (b) (2)	Local Tracking No (b) (6), (b) (2)
Proposed Effective Date (b) (6), (b) (2)	
and Concurrence Date (b) (6), (b) (2)	

1. Name (b) (6)	2. Social Security Number (b) (6)	3. Date of Birth	4. Effective Date
--------------------	--------------------------------------	------------------	-------------------

FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number (b) (6), (b) (2)	15. TO: Position Title and Number
--	-----------------------------------

8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate (b) (6)	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis (b) (6)
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization (b) (6), (b) (2)	22. Name and Location of Position's Organization
--	--

EMPLOYEE DATA			
23. Veterans Preference 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Annexable 6 - 10-Point/Annexable 20%	24. Tenure 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF YES NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA			
34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved	35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status (b) (6), (b) (2)
38. Duty Station Code	39. Duty Station		

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other
		50. Veterans Status	51. Supervisory Status	

PART C: Reviews and Approvals (Not to be used by requesting office)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature	Approval Date
-----------	---------------

Blue Copy

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES☐ NO

(b) (6), (b) (2)

Required

(b) (6), (b)
(2)

DEO

PART E - Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

Blue Copy



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

MEMORANDUM

TO:

(b) (6)

Federal Environmental Career Intern

(b) (6), (b) (2)

FROM:

(b) (6), (b) (2)

(b) (6), (b) (2)

DATE:

(b) (6), (b) (2)

RE:

Federal Career Internship: Decision to Decline to Convert

The purpose of this Memorandum is to inform you that I have decided to decline to convert your federal career internship, effective immediately.

(b) (6), (b) (2)

(b) (6), (b) (2)

As you know, your internship by federal law was not to exceed two years. (b) (6), (b) (2)

(b) (6), (b) (2)

throughout the federal government, managers may make a decision not to convert for a

(b) (6), (b) (2)

Your internship was subject to very clear standards of conduct, including those which are performance-based. (b) (6), (b) (2)

NOTICE

If you believe that this action was taken in whole or in part because of discrimination based on race, color, religion, sex, national origin, disability, age, and/or reprisal, you may file a discrimination complaint with EPA by contacting an EEO counselor within forty-five (45) calendar days of the effective date of my decision in accordance with the procedures contained in Title 29, Code of Federal Regulations, Part 1614.

APPENDIX A

Article 34 Employee Performance Evaluation

Master Collective Bargaining Agreement



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6)

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

PRIVACY ACT STATEMENT

The maintenance of this information is governed by Privacy Act system of records OPM/GOVT-2. The authority for the maintenance of this system is 5 U.S.C. 1104, 3321, 4305, and 5405, and Executive Order 12107. This information is required. Not providing this information may hinder the Agency's ability to process personnel actions concerning you. This information is used to define the critical elements, performance standards, and performance measures directly related to your job. It will be used to document your mid-year review, any other reviews, and your end of year rating. The information may also be used in connection with selection for and publication of cash and honor awards; other personnel actions based on performance such as training and development decisions; the hiring or retention of an individual or the issuance of other benefits; relevant judicial or administrative proceedings; law enforcement purposes; personnel research or survey purposes; and negotiated grievance procedures. Disclosure may also be made to the MSPB, the EEOC, and other Federal agencies for purposes authorized by law; to a Congressional office at your request; and to officials of labor organizations when relevant and necessary to their duties as exclusive representatives of Federal employees. This is a summary of the routine uses for these records. For a full description of this system notice, including routine uses, see 65 FR 24737 (Apr. 27, 2000).

**Do Not Remove this Coversheet until the Entire Form Is Placed in the Employee
Performance File in the Servicing Human Resources Office.**



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name (b) (6), (b) (2)	Title, Series, Grade (b) (6), (b) (2)
Performance Period (b) (6), (b) (2)	Organizational Location (b) (6), (b) (2)

SECTION 1. DETERMINING CRITICAL ELEMENTS AND SETTING STANDARDS

My supervisor and I have discussed the critical elements that I will be rated upon during the course of this rating period.

Employee's Signature and Date (b) (6), (b) (2)	Supervisor's Signature and Date (b) (6), (b) (2)
Individual being rated is a: <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Team Leader <input type="checkbox"/> Employee	

Linking CEs: It is important that critical elements (CE's) be linked to the Agency Strategic Plan, or to a Regional Strategic Plan, as appropriate. The Plan contains five long-term, results-based environmental goals. It also describes seven Cross-Goal Strategies. If you link a CE to a Goal, then use the relevant objective(s) to more specifically define the linkage. If your duties include the performance of cross-Agency or cross-media work (including administrative, financial or legal support functions, or information management) then it may be more appropriate to link each CE to a Strategy, rather than to an environmental Goal. For management and support functions not captured by the seven Cross-Goal Strategies, use the alternative linkage statement: *This work is an enabling and support function that supports the outcomes of all five of the Agency's strategic goals.*

Indicate which Strategic Plan Goal(s) is/are linked to the Critical Elements for this position:

SECTION 2. PROGRESS REVIEW(S)

	Mid Year Review (Required)	"Other" Review (Optional)	"Other" Review (Optional)
Supervisor's Initials and Date (b) (6), (b) (2)			
My supervisor and I have discussed my performance for this period in relation to my performance standards and measures.			
Employee's Initials and Date (b) (6), (b) (2)			Employee Comments <input type="checkbox"/> attached <input type="checkbox"/> not attached

SECTION 3. END OF YEAR RATING

Summary Rating Levels* (b) (6), (b) (2)	Learning and Development My supervisor and I have discussed my training needs for the year and an Individual Development Plan (IDP). <input type="checkbox"/> is attached <input type="checkbox"/> is not attached
My supervisor and I have discussed my performance for the calendar year in relation to my performance standards and measures. My supervisor has informed me of my rating of record.	
Supervisor's Signature and Date (b) (6), (b) (2)	Employee's Signature and Date Employee Comments <input type="checkbox"/> attached <input type="checkbox"/> not attached

Higher Level Supervisor's Signature and Date



EPA Performance Appraisal and Recognition System Performance Plan Coversheet AFGE Bargaining Unit

Definitions of Summary Rating Levels

Outstanding	<p>*Consistently proposes new, creative approaches and practical ideas that are accepted by fellow workers and incorporated into day-to-day work operations to improve efficiency and effectiveness of the work.</p> <p>*Coworkers are motivated and energized by employee's actions and the employee is often sought for advice concerning complex, controversial, and difficult issues prior to implementation.</p> <p>*Employee is consistently proactive, demonstrates initiative, and uses exceptional judgment.</p> <p>*Understands the political realities of situations, keeps supervisor and/or Team Leader informed of issues and problems and uses discretion in keeping sensitive matters confidential.</p> <p>*Employee most often resolves problems independently and effectively eliminates problems from happening without supervisory intervention or assistance.</p> <p>*Employee makes significant contributions to the mission and priorities of the unit, office, region and constituencies on a regular basis.</p>
Exceeds Expectations	This level signifies that the results achieved are clearly beyond what could be reasonably expected for Fully Successful performance.
Fully Successful	This level signifies the employee's performance results achieved are those that can be reasonably expected of any employee on the job in order to fully and adequately achieve assigned responsibilities.
Minimally Satisfactory	This level signifies that there is a performance-related problem(s) although the performance has not reached "Unacceptable" in any Critical Element. The employee demonstrates limited ability in producing work of acceptable volume and/or quality within established timeframes; or exhibits limited sense of personal responsibility and accountability in work assignments; or experiences difficulty in addressing new or unusual work situations under normal pressure; or requires frequent guidance and assistance from supervisor or others. When performance is rated at this level, informal assistance in the form of a Performance Assistance Plan (PAP) must be provided to the employee to help improve his/her performance to "Fully Successful."
Unacceptable	This level signifies the performance of the employee consistently fails to meet the established performance standards in one or more critical elements of the employee's position. When performance is rated at this level, a performance Improvement Plan (PIP) must be implemented to help the employee improve his/her performance to "Fully Successful."

Determining Summary Performance Ratings

Apply the following process to determine the summary performance rating level for the year:

Outstanding	For a summary performance rating of Outstanding, the one half or more of the Critical Elements are rated Outstanding and none of the Critical Elements are rated lower than Exceeds Expectations.
Exceeds Expectations	For a summary performance rating of Exceeds Expectations, the one half or more of the Critical Elements are rated Exceeds Expectations and none of the Critical Elements are rated lower than Fully Successful.
Fully Successful	For a summary performance rating of Fully Successful, the majority of the Critical Elements are rated Fully Successful, and none of the Critical Elements are rated lower than Fully Successful.
Minimally Satisfactory	For a summary rating of Minimally Satisfactory, one or more Critical Elements are rated Minimally Satisfactory and none of the Critical Elements are rated Unacceptable.
Unacceptable	For a summary rating of Unacceptable, one or more Critical Elements are rated unacceptable (Unacceptable).



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)

* Written highlights are required to support an element rating of Outstanding, Minimally Satisfactory, or Unacceptable.

Rating: ☐ Outstanding ☐ Exceeds Expectations ☐ Fully Successful ☐ Minimally Satisfactory ☐ Unacceptable

5 ob^a



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)

REQUEST FOR PERSONNEL ACTION (SF-52)

PART A - Requesting Office (Also complete Part B items 1, 22, 32, 33, 36 and 39.)

1. Actions Requested (b) (6), (b) (2)		(b) (6), (b) (2)		2. Requested Number (b) (6), (b) (2)	
3. For Additional Information Call Name and Telephone Number (b) (6), (b) (2)				(b) (6), (b) (2)	
(b) (6), (b) (2)					

1. Name of Employee (b) (6), (b) (2)	2. Social Security Number (b) (6)	3. Date of Birth	4. Effective Date
---	--------------------------------------	------------------	-------------------

FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number (b) (6), (b) (2)		15. TO: Position Title and Number (b) (6), (b) (2)	
--	--	---	--

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Amount	21. Pay Basis
(b) (6)						(b) (6)					
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization (b) (6), (b) (2)	22. Name and Location of Position's Organization (b) (6), (b) (2)
--	--

EMPLOYEE DATA				23. Veterans Preference				24. Tenure		25. Agency		26. Vet. Preference for RIF	
				1. None 2. 5-Pt 3. 10-Pt/Disability 5. 10-Pt/Other 4. 10-Pt/Compensable 6. 10-Pt/30% Compensable				0. None 2. Cond. 1. Permanent 3. Indef.				YES NO	
27. FEGLI				28. Annuitant Indicator				29. Pay Rate Determinant					
30. Retirement Plan				31. Service Comp Date				32. Work Schedule F				33. Part-Time Hours Per Biweekly Pay Period 00	

POSITION DATA													
34. Position Occupied		35. FLSA Category		36. Appropriation Code (b) (6), (b) (2)		37. Bargaining Unit Status							
38. Duty Station Code		39. Duty Station (City, County, State - Overseas Location) (b) (6), (b) (2)											
40. Agency Data		41.		42.		43.		44.					
45. Educational Level		46. Year Degree		47. Academic Discipline		48. Functional Class		49. Citizenship (b) (6), (b) (2)		50. Veterans Status		51. Supervisory Status	

PART C - Reviews and Approvals (Not to be used by requesting office.)											
1. Office/Function		Initials/Signature		Date		Office/Function		Initials/Signature		Date	
A. Position Authorized						D. (b) (6), (b) (2)					
B. Classification						E. (b) (6), (b) (2)					
C. Placement						F. Position					
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.						Signature		Approval Date			

REQUEST FOR PERSONNEL ACTION (SF-52)

PART A - Requesting Office (Also complete Part B, Items 1, 7, 22, 32, 33, 36 and 49.)

(b) (6), (b) (2)		2. Requested Number (b) (6), (b) (2)
(b) (6), (b) (2)		(b) (6), (b) (2)
4. Action Requested By (Typed Name, Title, Signature and Date) (b) (6), (b) (2)	5. Action Authorized By (Typed Name, Title, Signature and Date) (b) (6), (b) (2)	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 2921. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) (b) (6), (b) (2)	2. Social Security Number (b) (6)	3. Date of Birth	4. Effective Date
---	--------------------------------------	------------------	-------------------

FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number (b) (6), (b) (2)				15. TO: Position Title and Number (b) (6), (b) (2)			
8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	(b) (6)	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

14. Name and Location of Position's Organization (b) (6), (b) (2)	22. Name and Location of Position's Organization (b) (6), (b) (2)
--	--

EMPLOYEE DATA

23. Veterans Preference 1. None 2. 5-Pt 3. 10-Pt/Disability 4. 10-Pt/Compensable 5. 10-Pt/Other 6. 10-Pt/30%/Compensable				24. Tenure 0. None 1. Permanent 2. Cond. 3. Indef.		25. Agency		26. Vet. Preference for RIF YES NO	
27. FEGLI				28. Annuity Indicator				29. Pay Rate Determinant	
30. Retirement Plan				31. Service Comp Date				32. Part-Time Hours Per Biweekly Pay Period (b) (6)	

POSITION DATA

34. Position Occupied		35. FLSA Category		36. Authorization Code (b) (6), (b) (2)		37. Bargaining Unit Status	
38. Duty Station Code		39. Duty Station (City, County, State or Overseas Location) (b) (6), (b) (2)					
40. Agency Data	41.	42.	43.	44.			
45. Educational Level	46. Year Degree	47. Academic Discipline	48. Functional Class	49. Citizenship (b) (6)	50. Veterans Status	51. Supervisory Status	

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A. Position Authorized			D. English Lang. Proficiency (b) (6), (b) (2)		
B. Classification			E. Position		
C. Placement			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Title, Series, Grade

(b) (6), (b) (2)

Performance Period

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

PRIVACY ACT STATEMENT

The maintenance of this information is governed by Privacy Act system of records OPM/GOVT-2. The authority for the maintenance of this system is 5 U.S.C. 1104, 3321, 4305, and 5405, and Executive Order 12107. This information is required. Not providing this information may hinder the Agency's ability to process personnel actions concerning you. This information is used to define the critical elements, performance standards, and performance measures directly related to your job. It will be used to document your mid-year review, any other reviews, and your end of year rating. The information may also be used in connection with selection for and publication of cash and honor awards; other personnel actions based on performance such as training and development decisions; the hiring or retention of an individual or the issuance of other benefits; relevant judicial or administrative proceedings; law enforcement purposes; personnel research or survey purposes; and negotiated grievance procedures. Disclosure may also be made to the MSPB, the EEOC, and other Federal agencies for purposes authorized by law; to a Congressional office at your request; and to officials of labor organizations when relevant and necessary to their duties as exclusive representatives of Federal employees. This is a summary of the routine uses for these records. For a full description of this system notice, including routine uses, see 65 FR 24737 (Apr. 27, 2000).

**Do Not Remove this Coversheet until the Entire Form is Placed in the Employee
Performance File in the Servicing Human Resources Office.**



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name (b) (6), (b) (2)	Title, Series, Grade (b) (6), (b) (2)
Performance Period (b) (6), (b) (2)	Organizational Location (b) (6), (b) (2)

SECTION 1. DETERMINING CRITICAL ELEMENTS AND SETTING STANDARDS

My supervisor and I have discussed the critical elements that I will be rated upon during the course of this rating period.

(b) (6), (b) (2)	(b) (6), (b) (2)
Individual being rated is as: <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Team Leader	(b) (6), (b) (2)

Linking CEs: It is important that critical elements (CE's) be linked to the Agency Strategic Plan, or to a Regional Strategic Plan, as appropriate. The Plan contains five long-term, results-based environmental goals. It also describes seven Cross-Goal Strategies. If you link a CE to a Goal, then use the relevant objective(s) to more specifically define the linkage. If your duties include the performance of cross-Agency or cross-media work (including administrative, financial or legal support functions, or information management) then it may be more appropriate to link each CE to a Strategy, rather than to an environmental Goal. For management and support functions not captured by the seven Cross-Goal Strategies, use the alternative linkage statement: *This work is an enabling and support function that supports the outcomes of all five of the Agency's strategic goals.*

Indicate which Strategic Plan Goal(s) is/are linked to the Critical Elements for this position:

SECTION 2. PROGRESS REVIEW(S)

	Mid Year Review (Required)	"Other" Review (Optional)	"Other" Review (Optional)
Supervisor's Initials and Date	(b) (6), (b) (2)		
My supervisor and I have discussed my performance for this period in relation to my performance standards and measures.			
Employee's Initials and Date	(b) (6), (b) (2)		Employee Comments <input type="checkbox"/> attached <input type="checkbox"/> not attached

SECTION 3. END OF YEAR RATING

(b) (6), (b) (2)	(b) (6), (b) (2)
My supervisor and I have discussed my performance for the calendar year in relation to my performance standards and measures. My supervisor has informed me of my rating of record.	

(b) (6), (b) (2)	(b) (6), (b) (2)
(b) (6), (b) (2)	(b) (6), (b) (2)



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)



**EPA Performance Appraisal and Recognition System
Performance Plan Coversheet
AFGE Bargaining Unit**

Employee Name

(b) (6), (b) (2)

Organizational Location

(b) (6), (b) (2)

(b) (6), (b) (2)

Assumptions:

Employee Performance Must be Evaluated against the Agency Benchmark Standards.

(b) (6), (b) (2)

(b) (6), (b) (2)

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Action Requested

(b) (6), (b) (2)

3. For Additional Information Call (Name and Telephone Number)

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

Social Security Number Date of Birth Effective Date

(b) (6)

FIRST ACTION (b)

5-A. Code 5-B. Nature of Action

5-C. Code 5-D. Legal Authority

5-E. Code 5-F. Legal Authority

SECOND ACTION

6-A. Code 6-B. Nature of Action

6-C. Code 6-D. Legal Authority

6-E. Code 6-F. Legal Authority

7. FROM: Position Title and Number

15. TO: Position Title and Number

(b) (6), (b) (2)

8. Pay Plan 9. Occ Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis

12A. Basic Pay 12B. Locality Adj 12C. Adj. Basic Pay 12D. Other Pay

14. Name and Location of Position's Organization

15A. Basic Pay 15B. Locality Adj 15C. Adj. Basic Pay 15D. Other Pay

20A. Basic Pay 20B. Locality Adj 20C. Adj. Basic Pay 20D. Other Pay

(b) (6), (b) (2)

EMPLOYEE DATA

23. Veterans Preference

1 - None
2 - 5-Point

3 - 10-Point/Disability
4 - 10-Point/Compensable

5 - 10-Point/Other
6 - 10-Point/Compensable/30%

24. Tenure

0 - None
1 - Permanent
2 - Conditional
3 - Indefinite

25. Agency Use

26. Veterans Preference for RIF

☐ YES ☐ NO

27. FEGLI

28. Annuitant Indicator

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per

Biweekly
Pay Period

POSITION DATA

34. Position Occupied

1 - Competitive Service
2 - Excepted Service
3 - SES General
4 - SES Career Reserved

35. FLSA Category

E - Exempt
N - Nonexempt

36. Appropriation Code

(b) (6), (b) (2)

37. Bargaining Unit Status

38. Duty Station Code

(b) (6), (b) (2)

39. Duty Station (City, County - State or Overseas Location)

(b) (6), (b) (2)

40. AGENCY DATA

41.

42.

43.

44.

45. EDUCATIONAL LEVEL

46. YR. DEGREE ATTAINED

47. Academic Discipline

48. FUNCTIONAL CLASS

49. CITIZENSHIP

1-USA 8-OTHER

50. Vietnam Era Vet

51. SUPERVISORY STATUS

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function

(b) (6), (b) (2)

Date

Office/Function

Initials/Signature

Date

D.

E.

F.

Signature

Approval Date

(b) (6), (b) (2)

The proposed action is in compliance with statutory and regulatory requirements.

CONTINUED ON REVERSE

OVER

(b) (6), (b) (2)

(b) (6), (b) (2)

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

PART E - Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

tions with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal Service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regula-

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations.
Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	3. Date Signed	4. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---

PART F - Remarks for SF 50

United States Environmental Protection Agency POSITION DESCRIPTION COVERSHEET (b) (6), (b) (2)		1. DUTY LOCATION (b) (6), (b) (2)		2. POSITION NUMBER (b) (6), (b) (2)	
(b) (6), (b) (2)					
		b. Title	c. Service	d. Series	e. Grade
		(b) (6), (b) (2)	(b) (6), (b) (2)		
Official Allocation (b) (6), (b) (2)					
4. SUPERVISOR'S RECOMMENDATION					
5. ORGANIZATIONAL TITLE OF POSITION (if any)			6. NAME OF EMPLOYEE (b) (6), (b) (2)		
7. ORGANIZATION (give complete organizational breakdown)					
a. U.S. ENVIRONMENTAL PROTECTION AGENCY (b) (6), (b) (2)			e. (b) (6), (b) (2)		
b. (b) (6), (b) (2)			f.		
c.			g.		
d.			h. Organization Code (b) (6), (b) (2)		
8. SUPERVISORY/MANAGERIAL DESIGNATION					
(b) (6), (b) (2) First or Second level supervisor: An individual who performs supervisory work and managerial responsibilities that require accomplishment of work through combined technical and administrative direction of others and meets the requirements for coverage as described in the General Schedule Supervisory Guide. An individual (as defined in Section 7103(a)(10) of Title V of the U.S. Code) who is authorized to hire, direct, assign, promote, reward, transfer, lay off, suspend, discipline, or remove one or more employees, or effectively recommend such action. The exercise of this responsibility is not routine or clerical in nature, but requires the consistent exercise of independent judgment. A manager who directs the work of an organization; is accountable for the success of line or staff programs; monitors, evaluates, and adjusts program activities; and performs the full range of duties outlined in the General Schedule Supervisory Guide. May also include deputies who fully share responsibility for managing the organization or who serve as an alter ego to the manager. A management official (as defined in Section 7103(a)(11) of Title V of the U.S. Code) who formulates, determines or influences an organization's policies. This means creating, establishing, or prescribing general principles, plans, or courses of action for an organization; or bringing about a course of action for the organization. Management officials must actively participate in shaping the organization's policies not just interpret laws and regulations give resource information or recommendations or serve as experts or highly trained professionals who implement or interpret the organization's policies and plans. "Team Leader" This position meets the requirements for coverage under Part II of the General Schedule Leader Grade Evaluation Guide. None of the above applies. This is a non-supervisory/non-managerial position.					
9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may (b) (6), (b) (2) enting regulations.					
a. Typed Name and Title of Immediate Supervisor (b) (6), (b) (2)			d. (b) (6), (b) (2)		
(b) (6), (b) (2)					
d. Bargaining Unit Code (b) (6), (b) (2)		e. Check, if applicable: <input type="checkbox"/> Medical Monitoring Required <input type="checkbox"/> Extramural Resources Management Duties (_____ % of time) <input type="checkbox"/> This position is subject to random drug testing (_____)		f. Signature (b) (6), (b) (2)	
g. Date					
11. REMARKS STATEMENT OF DIFFERENCE (b) (6), (b) (2)					

Notification (b) (6), (b) (2)

Personnel Security

to:

(b) (6), (b) (2)

Cc:

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

Notification (b) (6), (b) (2)

Dear (b) (6), (b) (2)

This is to advise you that

(b) (6), (b) (2)

for pickup

(b) (6), (b) (2)

Please pick up the form within 5 calendar days of the date of this email. We appreciate your attention to this. If you have questions or need more information, please call James Spates in the Personnel Security Branch office at 202-564-7912.

Thank you for your prompt attention to this.

Kelly Glazier, Chief
Personnel Security Branch

(b) (6), (b) (2)



Personnel Security@EPA
(b) (6), (b) (2)

To
cc
bcc
Subject

(b) (6), (b) (2)

Notification

(b) (6), (b) (2)

Dear

(b) (6), (b) (2)

This is to advise you
ready for

(b) (6), (b) (2)

(b) (6), (b) (2)

Please pick up the form within 5 calendar days of the date of this email. We appreciate your attention to this. If you have questions or need more information, please call James Spates in the Personnel Security Branch office at 202-564-7912.

Thank you for your prompt attention to this.

Kelly Glazier, Chief
Personnel Security Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

(b) (6), (b) (2)

(b) (6), (b) (2)

MEMORANDUM

SUBJECT: Request for Background Investigation

(b) (6), (b) (2)

FROM:

TO: Wesley Carpenter
Personnel Security Staff

Please initiate a Background Investigation on

(b) (6), (b) (2)

accepted a position as a

(b) (6), (b) (2)

within the

(b) (6), (b) (2)

(b) (6), (b) (2)

I understand that we must fund the full cost of the background investigation in accordance with the May 11, 1989 memorandum for the Comptroller concerning background investigations. The accounting data is provided below.

(b) (6), (b) (2)

DCN	Account No.	Approp. No.	Obj. Class	Amount
-----	-------------	-------------	------------	--------

(b) (6), (b) (2)

(b) (6), (b) (2)

Not an official transcript without
the seal and signature of the
Registrar.

PAGE
DATE
TIME

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

DEPARTMENT

COURSE

COURSE TITLE

CREDITS

GRD

SYM

UNDERGRADUATE ADMISSION

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

MEMORANDA

(b) (6), (b) (2)

(b) (6), (b) (2)

IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS
AND PRIVACY ACT OF 1974, THIS INFORMATION IS RELEASED
ON THE CONDITION THAT THE RECIPIENT WILL NOT LOAN, REPRODUCE, OR
DISTRIBUTE THIS INFORMATION TO ANY OTHER PARTY WITHOUT THE
WRITTEN CONSENT OF THE STUDENT.

(b) (6), (b) (2)

Name

(b) (6), (b) (2)

(b) (6)

Address

(b) (6)

Date of Birth

Nationality

(b) (6), (b) (2)

Admitted From

Major

(b) (6), (b) (2)

Degree

Additional

(b)
(6),
(b)
(2)

(b) (6), (b) (2)

Campus

(b) (6), (b) (2)

Campus

(b) (6), (b) (2)

(b) (6), (b) (2)

Semester

Dept No. Course Title Cr. Gr. Q.P.

(b) (6), (b) (2)

Dept No. Course Title Cr. Gr. Q.P.

(b) (6), (b) (2)

(b) (6), (b) (2)

Sem. Hrs. Compl.

Quality Points

GPA

(b) (6), (b) (2)

Sem. Hrs. Compl.

Quality Points

GPA

(b) (6), (b) (2)

(b) (6), (b) (2)

STUDENT ID

(b) (6), (b) (2)

COLL
CURR

(b) (6), (b) (2)

DEPARTMENT

COURSE

COURSE TITLE

CREDITS

CND SYM

(b) (6), (b) (2)

MEMORANDA

(b) (6), (b) (2)

(b) (6), (b) (2)

IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS
PRIVACY ACT OF 1974, THIS INFORMATION IS RELEASED ON
CONDITION THAT THE RECIPIENT WILL NOT REVEAL THIS
PARTIAL TO HAVE ACCESS TO SUCH INFORMATION WITHOUT
WRITTEN CONSENT OF THE STUDENT.

Address:

(b) (6), (b) (2)

Nationality:

Admitted:

Major:

Degree Awarded:

Additional:

(b) (6), (b) (2)

(b) (6), (b) (2)

Campus:

(b) (6), (b) (2)

Semester:

Campus:

(b) (6), (b) (2)

Semester:

(b) (6), (b) (2)

Sem. Hrs. Compl.	Quality Points	GPA
(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)

Campus:

(b) (6), (b) (2)

Semester:

Sem. Hrs. Compl.	Quality Points	GPA
(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)

Sem. Hrs. Compl.	Quality Points	GPA
(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)

Campus:

(b) (6), (b) (2)

Semester:

Dept.	No.	Course Title	Cr.	Gr.	Q.P.
(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)

Sem. Hrs. Compl.	Quality Points	GPA
(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)

Sem. Hrs. Compl.	Quality Points	GPA
(b) (6), (b) (2)	(b) (6), (b) (2)	(b) (6), (b) (2)

RE: Update on your job offer

(b) (6), (b) (2)

(b) (6), (b) (2)

to:

(b) (6), (b) (2)

Show Details

Dear (b) (6), (b) (2)

I have the unofficial (b) (6), (b) (2) transcript below.

The (b) (6), (b) (2) transcripts were faxed to you today.

Can you please confirm and let me know if you have received them? I had some problems with my fax machine. In addition, an official transcript (b) (6), (b) (2) mailed directly to you.

Have a great day,

Kind regards,

(b) (6), (b) (2)

UNOFFICIAL TRANSCRIPT

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

* * * * * NO ENTRIES BEYOND THIS POINT * * * * *

> Subject: RE: Update on your job offer with us (b) (6), (b) (2)

> To: (b) (6), (b) (2)

> From:

> Date:

>

> (b) (6), (b) (2) did you fax your stuff? I haven't seen it yet.

>

>

> *****

> (b) (6), (b) (2)

>

>

>

>

>

>

(b) (6), (b) (2)

(b) (6), (b) (2)

> From:

(b) (6), (b) (2)

> To: (b) (6), (b) (2) DC/USEPA/US@EPA

> Date:

(b) (6), (b) (2)

> Subject: RE: Update on your job offer with us

(b) (6), (b) (2)

> Thank you

(b) (6), (b) (2)

> Kind regards,

(b) (6), (b) (2)

> > Subject: RE: Update on your job offer with us

(b) (6), (b) (2)

> > To: (b) (6), (b) (2)

> > From: (b) (6), (b) (2)

> > Date:

> > Not me. (b) (6), (b) (2) from our personnel office is the person who
> > should call you and negotiate a start date, send you an "official"
> email

> > and letter stating where to come, date, salary, etc.

> *****

(b) (6), (b) (2)

> > From:

(b) (6), (b) (2)

> > To:

> > Dat

> > Sub

(b) (6), (b) (2)

> > You are welcome (b) (6), (b) (2) Would it be you if not who would let me know
> of
> > the start date?

> >
> > Kind regards,
> > (b) (6), (b) (2)

> > > Subject: RE: Update on your job offer with [REDACTED] (b) (6), (b) (2)

> > > To: [REDACTED] (b) (6), (b) (2)

> > > From: [REDACTED] (b) (6), (b) (2)

> > > Date: [REDACTED]

> > > great (b) (6), (b) (2) send them to me at the address below. thanks.
> > > please let me know when you have an official start date.

> > > *****
 (b) (6), (b) (2)

>>> (b) (6), (b) (2)
>>> Fro
>>>
>>>
>>> To:
>>>
>>> Cc:
>>>
>>> Dat

> > > Subject: RE: Update on your job offer with (b) (6), (b) (2)

> > > Dear (b) (6), (b) (2)
> > > I will have my university (b) (6), (b) (2) send you my current transcript. Can
> I
> > > have them send it to your address given below?
> > > Meanwhile, I will fax you my (b) (6), (b) (2)
> University

> > > Transcripts to the fax number given below.
> > > I did fill out my Background Investigation paperwork electronically
> > and
> > > sent the signed copies to James Spates.
> > >
> > > You can also reach me at (b) (6), (b) (2)
> > >
> > > Kind regards,
> > > (b) (6), (b) (2)
> > >
> > >
> > >
> > > Subject: Fw: Update on your job offer with us (b) (6), (b) (2)
> > > To: (b) (6), (b) (2) @epamail.epa.gov; (b) (6), (b) (2)
> > > From: (b) (6), (b) (2) epamail.epa.gov
> > > Date: (b) (6), (b) (2)
> > >
> > >
> > >
> > > (b) (6), (b) (2)
> > >
> > > My understanding is that (b) (6), (b) (2) from our (b) (6), (b) (2)
> > > (b) (6), (b) (2) has been given the ok to have you all start sooner that
> > > (b) (6), (b) (2)
> > > > She is now requesting ORIGINAL transcripts from each of you,
> > before
> > > she
> > > > will call you with an exact start date. I realize this request is
> > not
> > > > ideal, as some schools don't send them quickly. In the meantime,
> > if
> > > you
> > > > have copies of your transcripts, can you please fax them to my
> > > attention
> > > > at (b) (6), (b) (2) Please also have your schools send the ORIGINALS
> > to
> > > me
> > > > at the address below. The sooner I get copies/faxes from you, the
> > > > sooner I can get them down to (b) (6), (b) (2) in hopes that the copies
> > of
> > > > transcripts will allow her to make the call to each of you and
> > apaease
> > > > her until the originals come.
> > > >
> > > > Also, please make sure that you fill out your Background
> > Investigation
> > > > paperwork electronically and send it in. This will help speed the
> > > > process up. Any questions, just give me a call or email me.
> > > >
> > > > Again, my apologies for this difficult process. I think we are
> > getting
> > > > close to the end! Looking forward to working with each of you
> > soon.
> > > >

(b) (6), (b) (2)

(b) (6), (b) (2)

Day Phone: (b) (6), (b) (2)

Evening Phone: (b) (6), (b) (2)

Email: n (b) (6), (b) (2)

Social Security Number: (b) (6), (b) (2)

Country of citizenship: (b) (6), (b) (2)

Veterans' Preference: (b) (6),

Contact Current Employer: (b) (6),
(b) (2)

DESIRED LOCATIONS

(b) (6), (b) (2)

WORK EXPERIENCE

U.S Environmental Protection Agency, (b) (6), (b) (2)

(b) (6), (b) (2)

US

(b) (6), (b) (2)

Salary: (b) (6), (b) (2) USD Per Year

Hours per week: (b) (6), (b) (2)

Graduate Intern

(b) (6), (b) (2)

Contact Supervisor: (b) (6), (b) (2)
Supervisor's Name:
Supervisor's Phone:

(b) (6), (b) (2)

Salary: (b) (6), (b) (2) USD Per Year
Hours per week: (b) (6), (b) (2)

(b) (6), (b) (2)

Contact Supervisor: (b) (6), (b) (2)
Supervisor's Name:
Supervisor's Phone:

(b) (6), (b) (2)

Salary: (b) (6), (b) (2) USD Per Year
Hours per week: (b) (6), (b) (2)

Board of Directors

Market the (b) (6), (b) (2) by giving (b) (6), (b) (2) to general audience.

Organized an event on (b) (6), (b) (2)
(b) (6), (b) (2)

Prepared correspondences for different donor organizations.

Maintain all records and activities (b) (6), (b) (2)
on a timely basis.

Initiated a (b) (6), (b) (2) and (b) (6), (b) (2)
strategy and proposal.

Contact Supervisor: (b) (6), (b) (2)
Supervisor's Name:
Supervisor's Phone: (b) (6), (b) (2)

University (b) (6), (b) (2)
(b) (6), (b) (2)

Salary: (b) (6), (b) (2) USD Per Year

Hours per week: (b) (6), (b) (2)

Administrative Assistant (b) (6), (b) (2)

-Proofread, edited, and formatted working papers (b) (6), (b) (2)

(b) (6), (b) (2)

-Coordinated conference and board meeting logistics (b) (6), (b) (2)
(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

Contact Supervisor:
Supervisor's Name:
Supervisor's Phone:

(b) (6), (b) (2)

(b) (6), (b) (2)

Salary: (b) (6), (b) (2) USD Per Year

Hours per week: (b) (6),

Research Specialist

(b) (6), (b) (2)

(b) (6), (b) (2)

(b) (6), (b) (2)

Salary: (b) (6), (b) (2) USD Per Year

Hours per week: (b) (6),

Research Assistant

(b) (6), (b) (2)

Supervisor's Phone

(b) (6), (b) (2)

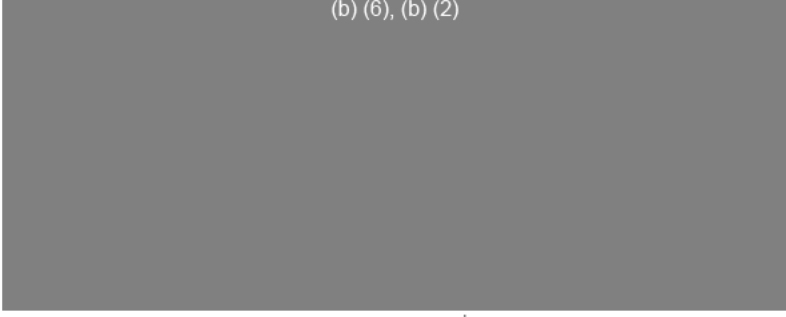
EDUCATION

(b) (6), (b) (2)

(b) (6), (b) (2)


(b) (6), (b) (2)

(b) (6), (b) (2)




LANGUAGES

(b) (6), (b) (2)



REFERENCES

(b) (6), (b) (2)



(b) (6), (b) (2)

